



PERMIT NUMBER \_\_\_\_\_

**BRAZORIA COUNTY ENVIRONMENTAL HEALTH DEPARTMENT**

111 E. Locust, Bldg A-29, Suite 270; Angleton, TX 77515  
(979)864-1600 (281)756-1600 (979)388-1600  
Fax Number (979) 864-1904

**APPLICATION FOR MOBILE PERMIT**

This application will expire one (1) year from the 1<sup>st</sup> day of the issuing month.

The undersigned hereby makes application for:

Mobile Name (DBA) \_\_\_\_\_ Phone No. \_\_\_\_\_

Sales Tax Permit: Taxpayer ID \_\_\_\_\_

Owner(s) Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Owner's Home Address: \_\_\_\_\_ City \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Texas Driver's License: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Name & Address of Emergency and Alternate Contacts:**

1. \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_ Home Address City State Zip

2. \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_ Home Address City State Zip

\*\*\*This form must be completely filled out to be accepted. Please type or print all information. A check, cash or money order must accompany this application. A current Texas Driver's License must be provided for a copy to be kept on file. All new construction must have detail prints of buildings and equipment submitted with this application. **THERE WILL BE NO REFUNDS ONCE THIS APPLICATION IS SUBMITTED.**

Type of Food Sold \_\_\_\_\_

Commissary Address \_\_\_\_\_ Phone No. \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Make of Vehicle \_\_\_\_\_ Type of Vehicle \_\_\_\_\_ License Plate No. \_\_\_\_\_

Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Proposed Site of Operation \_\_\_\_\_

Normal Business Hours \_\_\_\_\_

**NO APPLICATION WILL BE APPROVED WITHOUT THE FOLLOWING:**

- Layout of water tank location
- Copy of Certified Food Manager license
- Copy of Insurance
- Copy of Texas Driver's License
- Copy of Sales Texas Permit
- Fire Marshal Inspection
- Approved Water Source ( Water Sample or Copy of Water Bill )

**A copy of this completed Application must be  
retained by the Establishment and  
readily available for review by Health Inspectors**

**OFFICE USE ONLY**

☐ Approved ☐ Disapproved

Inspector \_\_\_\_\_

Date \_\_\_\_\_

Permit Fee \_\_\_\_\_